

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-011419

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002 Registrar's No. 1493

FILED APR 2 1962

VS 300
Rev. 4/59

1

2 648

3

4 0

5 1

6

7 1

8 2

9 420.1

10

11

12 90-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Carl D. Brina

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN KANSAS CITYLength of stay in 1b
50 YEARSc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION 4031 WAYNE AVENUEInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI COUNTY JACKSON

c. CITY
OR
TOWN KANSAS CITYInside Limits
Yes ☒ No ☐d. STREET
ADDRESS (If outside, give location)
4031 WAYNE AVENUEReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First THOMAS

Middle CLARK

Last THOMAS

4. DATE
OF
DEATH

Month MARCH

Day 11

Year 1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10/9/93

9. AGE (last birthday)

68

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

ASSISTANT TRAFFIC CLERK

10b. KIND OF BUSINESS OR INDUSTRY

KANSAS CITY SOUTHERN R. R.

11. BIRTHPLACE (City and state or country)

WELLSVILLE, KANSAS

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

CHARLES THOMAS

13b. MOTHER'S MAIDEN NAME

EMMA WILLIAMS

14. NAME OF HUSBAND OR WIFE

MRS. VIOLET M. THOMAS

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address 4031 WAYNE AVE. K. C. MO.

MRS. VIOLET M. THOMAS

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Thrombosis
Hypertensive Cardio-Vascular Renal Disease MAY '55Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

INTERVAL BETWEEN
ONSET AND DEATH

IMMEDIATE

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from May 5, 1955, to March 11, 62, and last saw him alive on 3-11-62

Death occurred at 3:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATOR

23d. LOCATION (City, town, or county)

(State)

BURIAL

MAR. 14, 1962

MEMORIAL PARK CEMETERY KANSAS CITY

MISSOURI

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

D.W. NEWCOMER'S SONS KANSAS CITY, MO.

1331 BRUSH CR.

3-14-62 Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

W. Carl D. Brown
636 Carnegie Bldg
1:00 - 4:30

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Harold L. Bitternacht

Licensed Embalmer No. 3035

P. O. Address W. C. Brown

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.